

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 10525848	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51	
2		1					52	
3							53	
4							54	
5		1					55	
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43							93	
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45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	1						Total Indep	
Total Depend	2						Total Depend	
Total Claims	5						Total Claims	

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